

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# Diagnosis

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Proper **diagnosis** is the  
first step for good  
**prognosis**

# Diagnosis is

*Determination of the nature,  
location, and causes of diseases*

*Glossary of Prosthodontic Terms 2005*



# Diagnosis includes

**I-Patient's History**

**II-Clinical Examination**

❖ **Extraoral examination**

❖ **Intraoral examination**

➤ **Visual**

➤ **Digital**

**III- Radiographic Evaluations**

**Iv-Examination of old denture.**

# *I-Patient's History*

*A. Personal and social details.*

*B. Medical History.*

*C. Mental attitude.*

*D. Dental History.*

# *A-Personal & Social Details*

- *Name - Address - Tel. No*
- *Age - Sex*
- *Occupation & Socio-economic Class*  
*Public speakers and singers*
- *The Patient's Attitude to Appearance*



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# *B-Medical History*

- *Some chronic diseases facing difficulties in wearing of dentures because of a low **tissue tonus and tolerance to mechanical irritation.***
- *Systemic factors include :*
  - 1. Diabetes.*
  - 2. Hypertension and Cardiovascular disorder.*
  - 3. Cancer*
  - 4. Anemia*
  - 5. Parkinson's disease*

# *C-Mental Attitude*

## *(House's Classification 1950)*

- **Exacting patients**
- **Indifferent patients**
- **Hysterical patients**
- **Philosophical patients**

## ● *Exacting Patients (Demanding)*

*Good as philosophical- needs great care, effort*

*Explanations- tough*  *Good prognosis.*

*(Might doubt ability of dentist to provide a good prosthesis)*

## ● *Hysterical Patients (Panic-stricken)*

*Unstable- Excitable, Apprehensive, hypertensive, needs*

*medical consultation (neurosis or psychosis), needs additional*

*help during and after tr.*  *Poor prognosis*

## ● *Philosophical Patients (Truth-seeking)*

*Best mental attitude-rational, sensible, calm,  
cooperative and thoughtful - Learns to adjust rapidly  
kind-caring*  *Good prognosis*

## ● *Indifferent Patients (Uncaring, cool)*

*Uninterested- depressed-lack of motivation- no  
cooperation usually pushed to treatment by a  
friend or family member*  *prognosis*



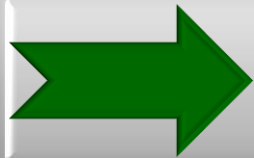


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# *B-Dental History*

1) Information Regarding the Loss of the Natural Teeth.

2) The Patient's Attitude to Dentures.



RPD

- Good prognosis



CD

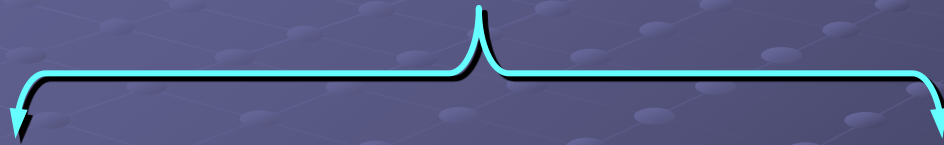
- Good prognosis



No previous experience

- Prognosis ???

# *II-Clinical Examination*



## *Extra oral*

- 1. Facial Examination*
- 2. TMJ Examination*

## *Intra-oral*

- 1. Visual Examination*
- 2. Digital Examination*

# *A- Facial Examination*



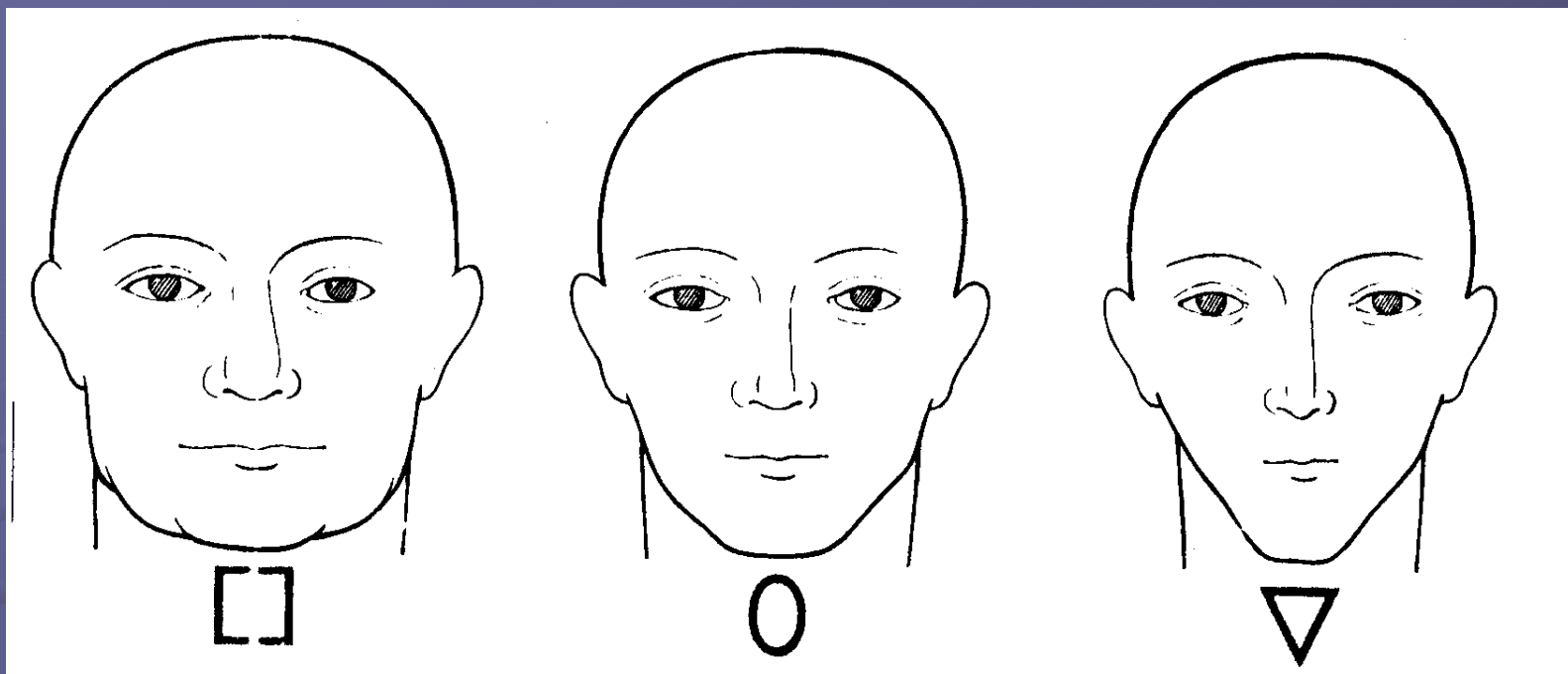
## **Front View**

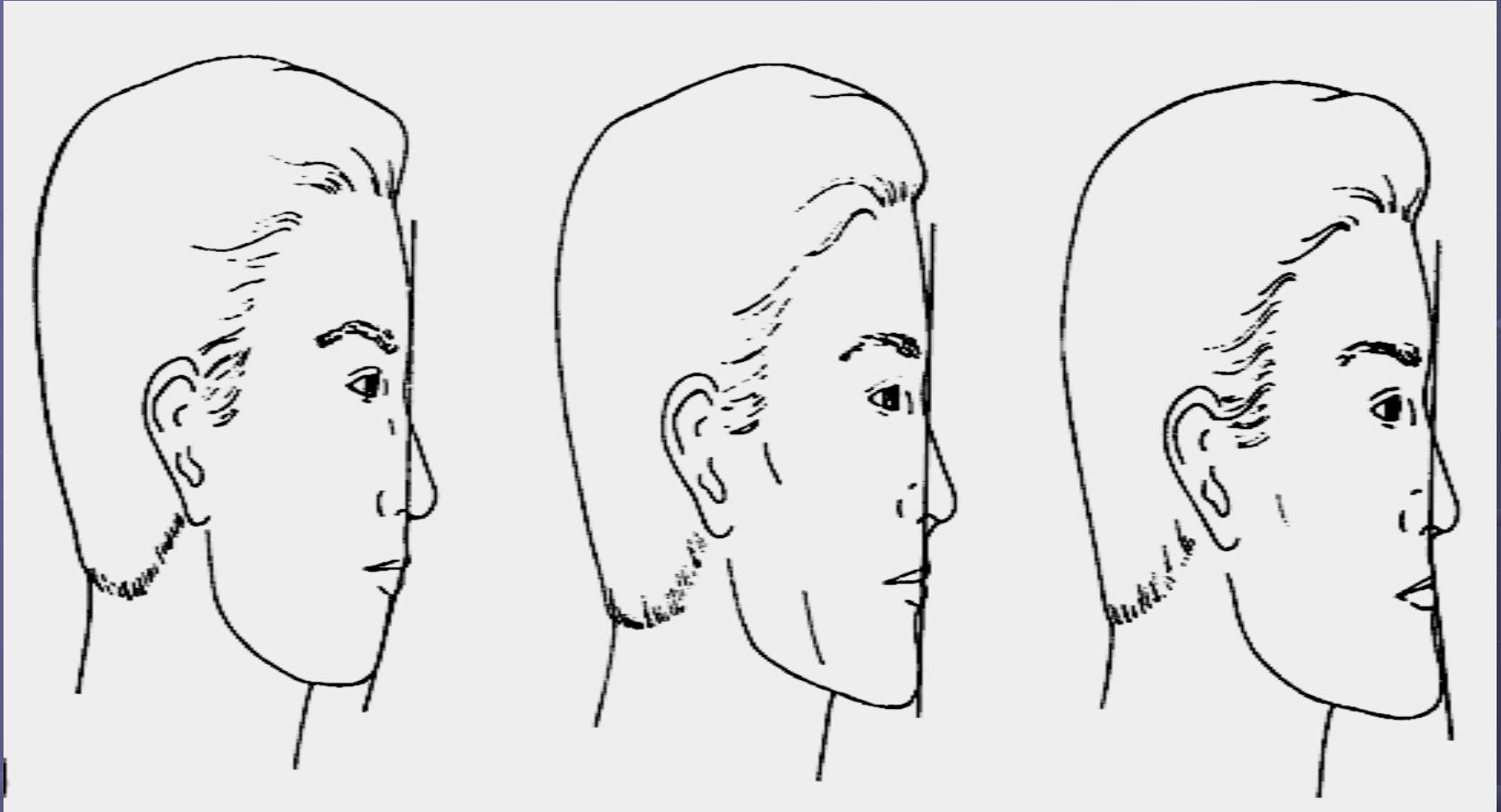
1. *The patient's head and neck*
2. *Hair and eyes color and complexion*
3. *The lips (thickness-length)*

## **Profile View**

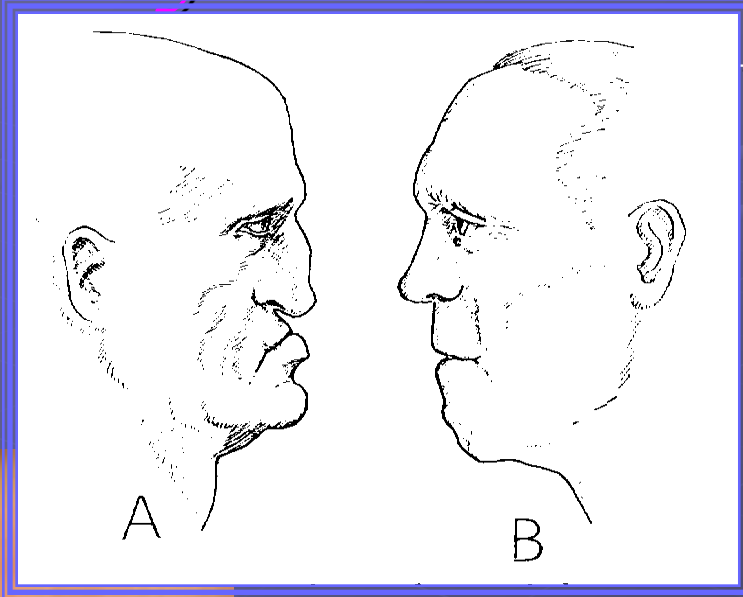
*Size - Form – Shape of the face*



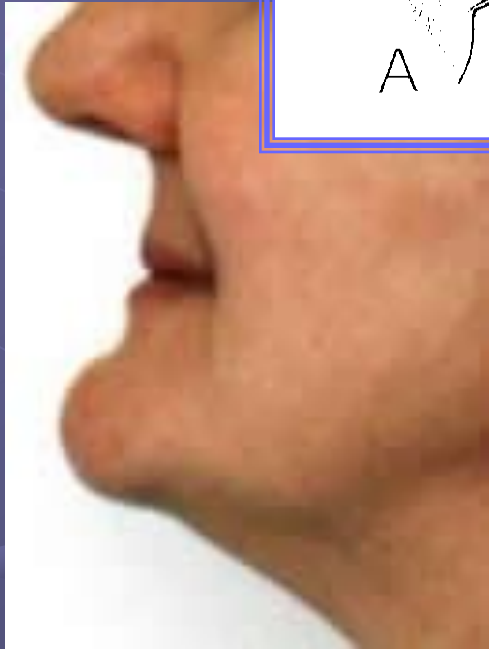




*It may be noted that*

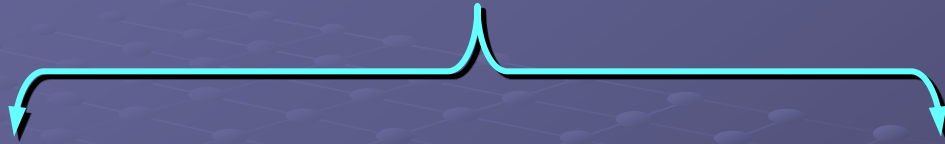


*The fullness and normal contour of the upper lip is lost due to the lack of support by the loss of teeth*



2. *The normal lip line and natural vermilion border of the upper lip is changed due to this falling in and the philtrum looks unsupported.*

# B- TMJ Examination



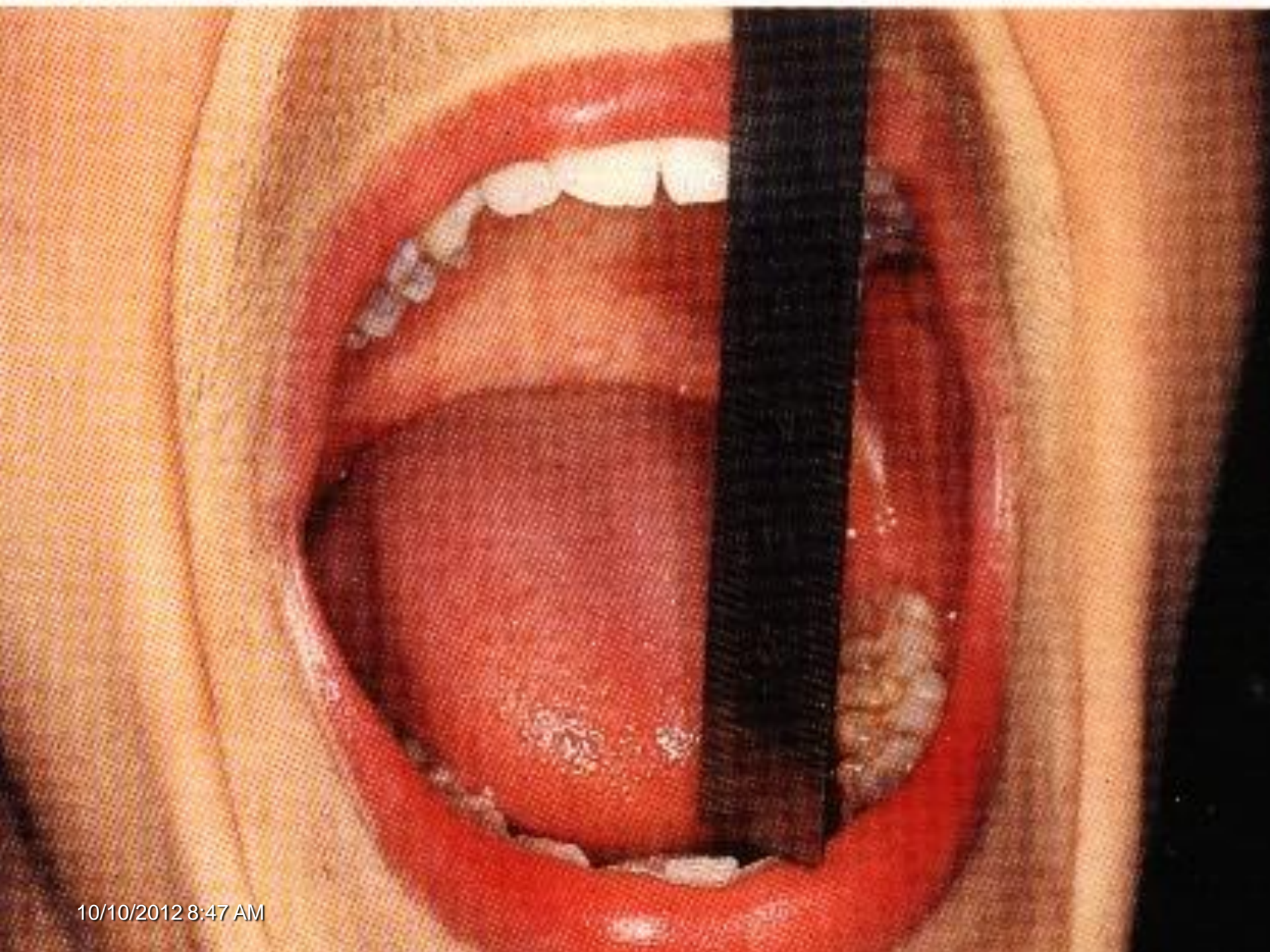
*Clinical Interpretation*      *Radiographic Interpretation.*





# *Examination of the TMJs*

- *Range of mouth opening*
- *Identification of TMJ Sounds*
- *Palpation of the TMJs*



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# Intra oral Examination



# *Intra oral Examination*



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graph TD; A[Intra oral Examination] --> B[Visual Examination]; A --> C[Digital Examination];
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*Visual Examination*

*Digital Examination*



# Visual and digital examination

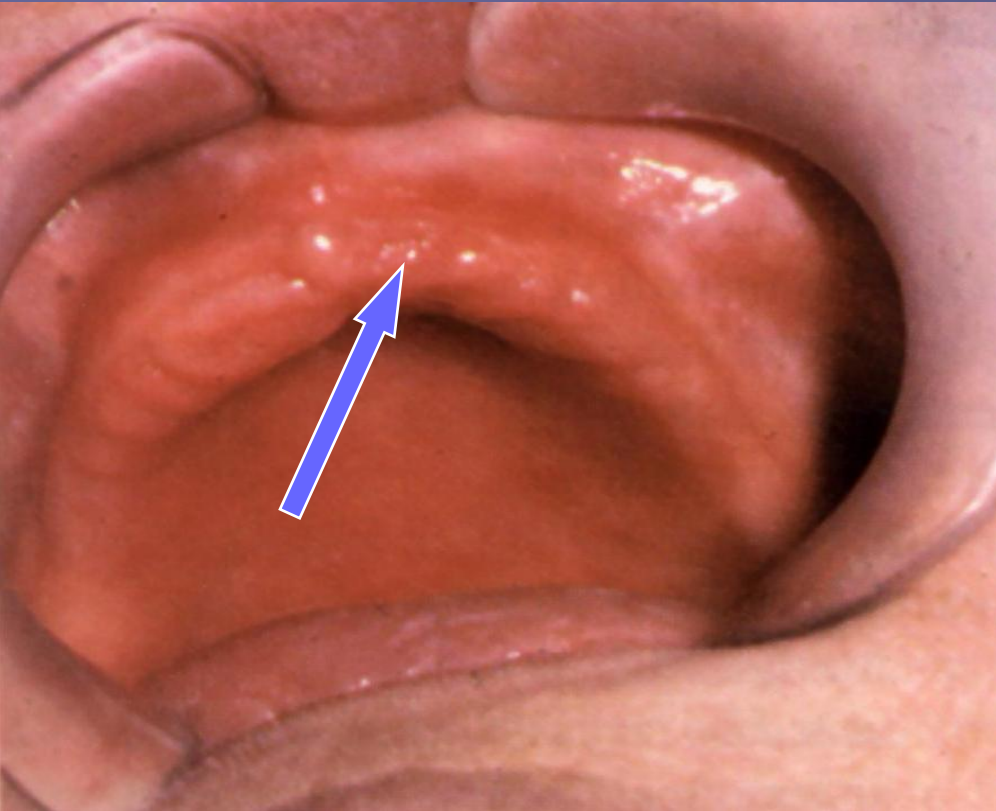
## ● Visual examination

1. **Color of the mucosa.**
2. **Arch size & form.**
3. **Ridge contour & relation.**
4. **Shape of Hard Palate**
5. **Depth of the Sulci**
6. **Unextracted Roots**
10. **Tori & Bony undercuts.**
11. **Sinuses & Fistula.**

## ● Digital examination

1. **Firmness of the Ridge**
2. **Irregularities of the Alveolar Ridge**
3. **Variations of Mucous Membrane**
4. **Maxillary Tuberosities**
5. **Mylohyoid Ridges**
6. **Lingual Pouch**
7. **Floor. Of the mouth**

# 1-color of the mucosa

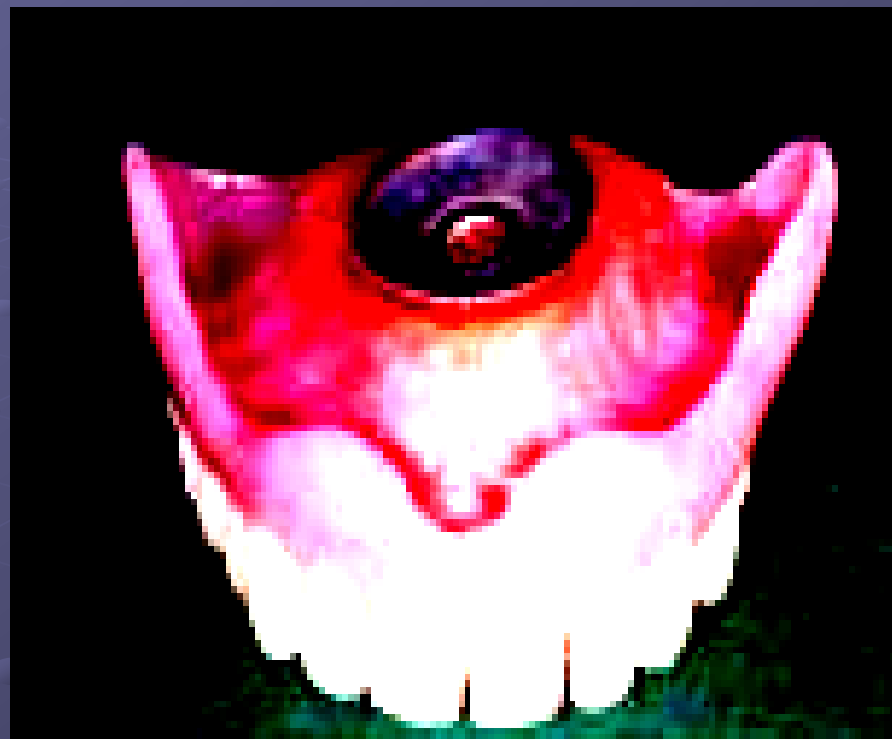
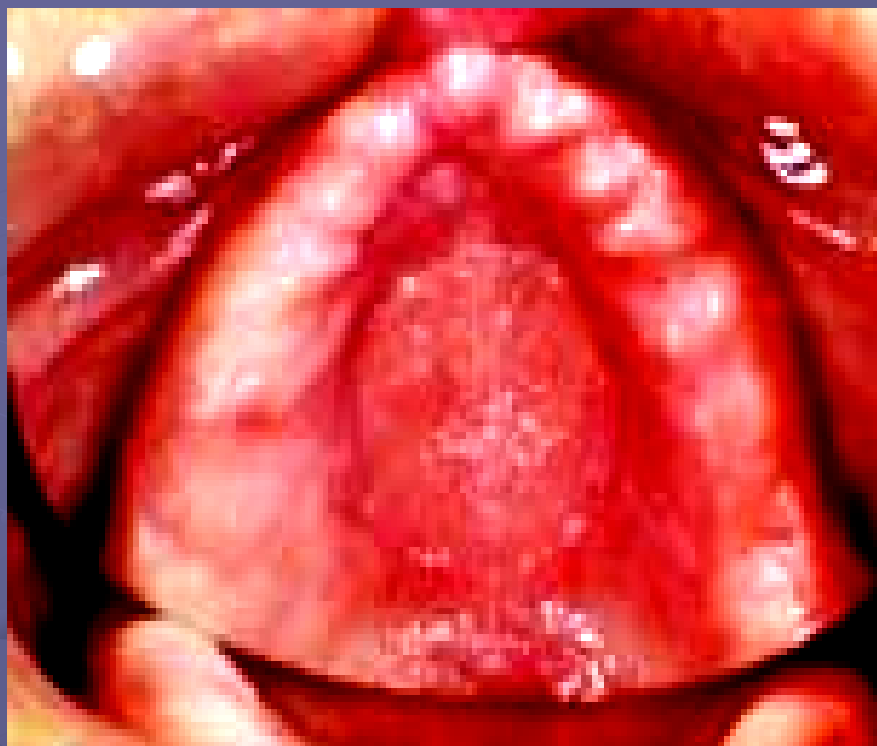


- *Severely inflamed ridge due to ill-fitting old denture*

*In case of inflammation it is important to determine the cause and remove it because **successful impression** making is not possible until the inflammation is under control*

# **Common Prosthetic Causes for color variation:**

- ***Overextension of the periphery of the denture***
- ***Dirty, ill-fitting dentures***
- ***Continuous wearing of the denture***
- ***Faulty articulation of teeth***
- ***Rubber suction discs***
- ***Traumatic injury***
- ***Small spicules of alveolar bone***
- ***Allergy***



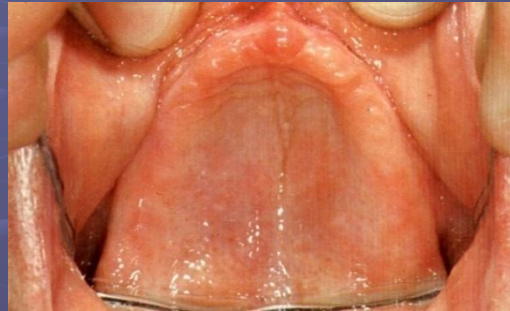


# 2-Arch size

- ❖ *Determines the amount of basal seat available for the denture foundation.*

↑ Size ↑ Support

↑ Contact surface ↑ Retention



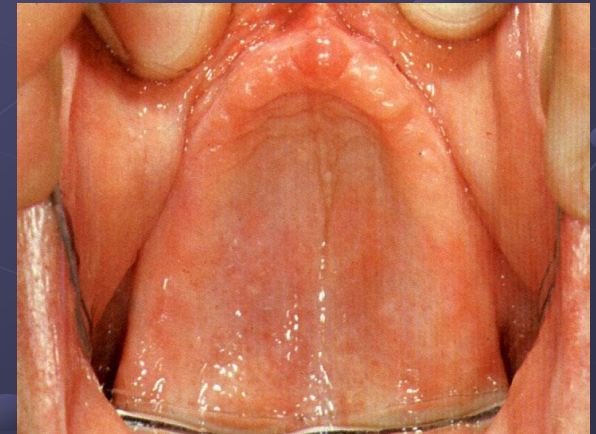
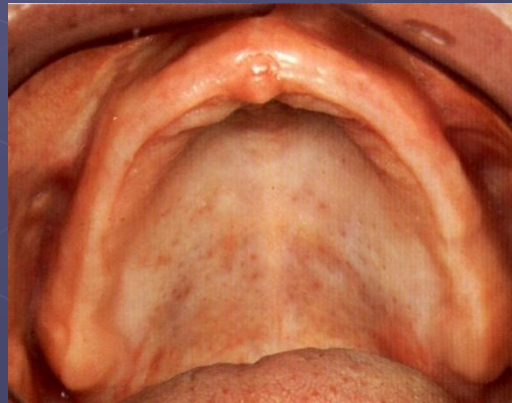
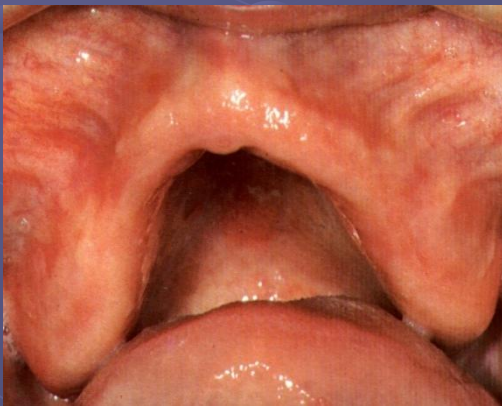
- ❖ *Discrepancy in size between the two arches is determined.*

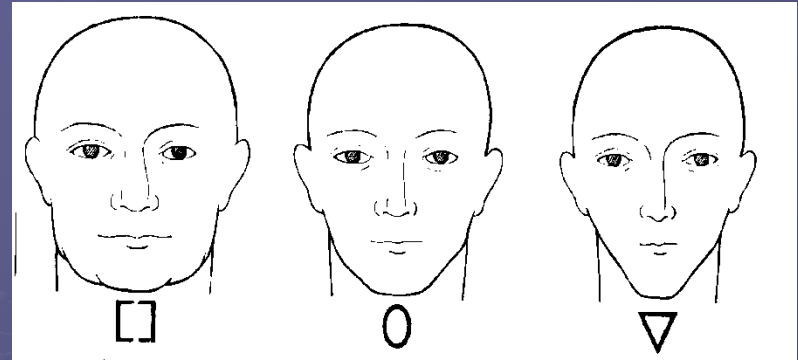
↑ Discrepancy results in a poor relationship of the teeth in one arch to the other



# 3-Shape of the Hard Palate

- **U shaped vault** is the most favorable for retention and lateral stability.
- **Shallow palatal vault** may be accompanied by satisfactory retention in a downward direction but any lateral or rotatory force lead to poor stability and so loss of retention

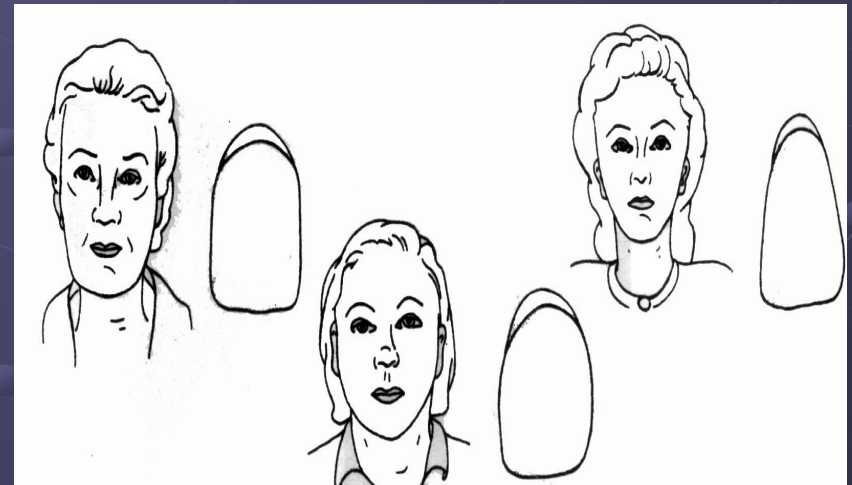




- Square face
- U-shaped arch
- Square anterior teeth

- Rounded face
- Rounded arch
- Ovoid anterior teeth

- Tapered face
- V-shaped arch
- Triangular anterior teeth



# 4-Ridge contour

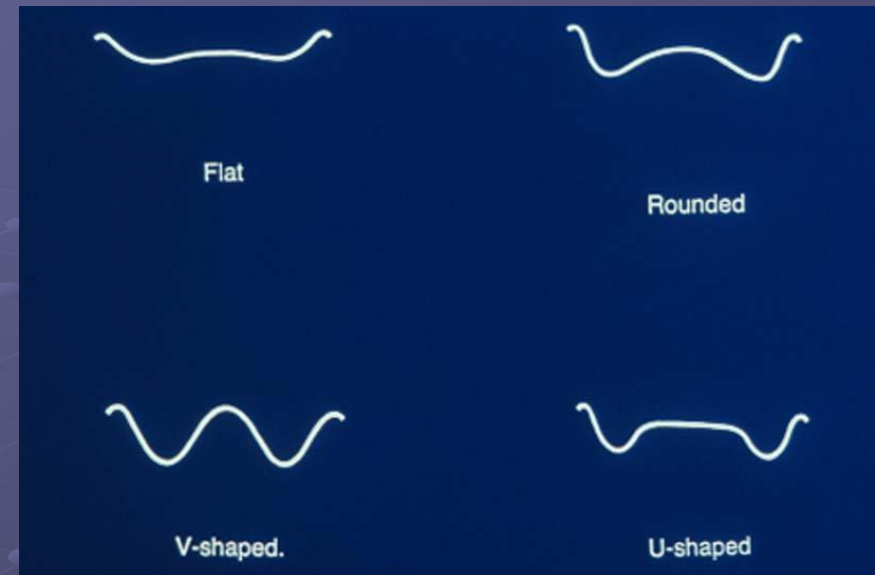
- Ideal ridge is *high* with *flat crest* and parallel or *nearly parallel sides* to give maximum support and stability.
- As ridge resorbs it may become:
  - ✓ Flat
  - ✓ V-shaped
  - ✓ Knife edge



# Maxilla

## ● Ridge form

- U-shape best
- Non-moveable best
- Advise patient if poor
- Affects:
  - retention
  - stability



# 5-Ridge relation

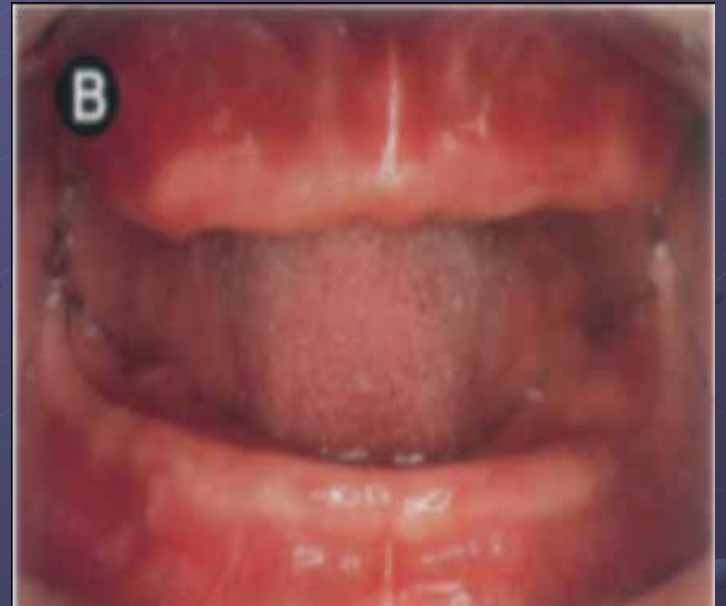
## 1. Vertical relationship

Excessive resorption → increase  
interridge distance → poor retention  
and stability due to increased leverage





## 2. Parallism between arches

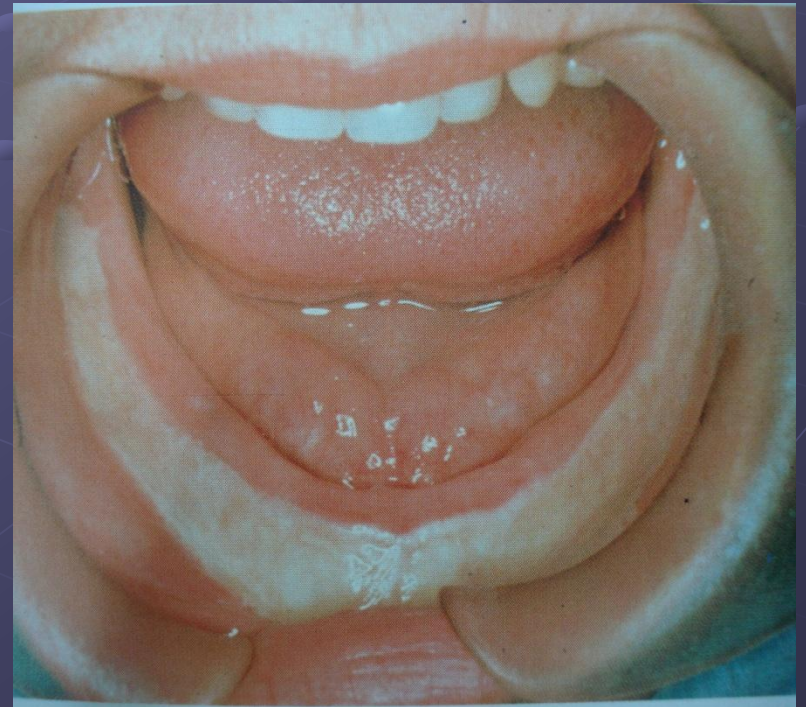


### 3. Anteroposterior relationship



# 6-Depth of the salcus

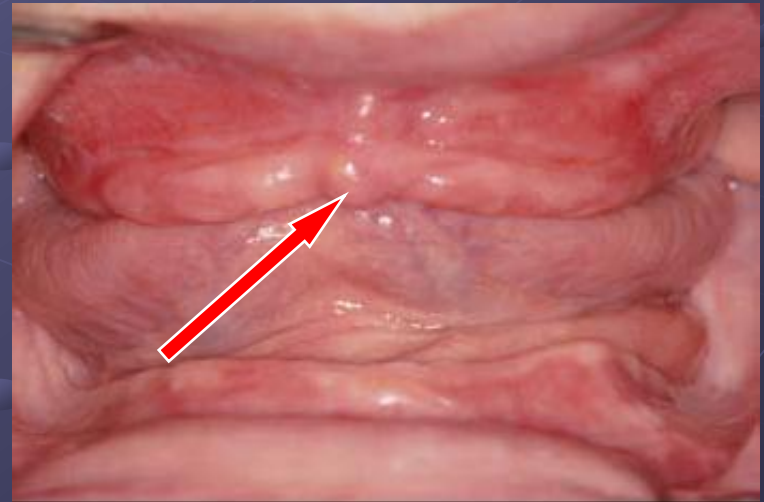
- Greater salcus depth → greater retention



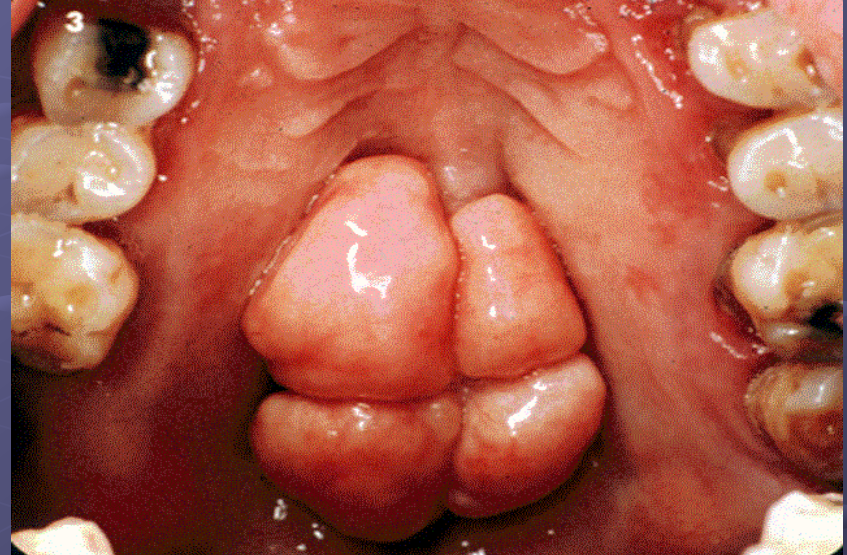


# 7-Flabby tissues

- Usually a denture constructed on a flabby ridge has no problem in retention but has poor stability and support.
- Kelly's syndrome



# 8-Tori



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# 9-Bony undercuts

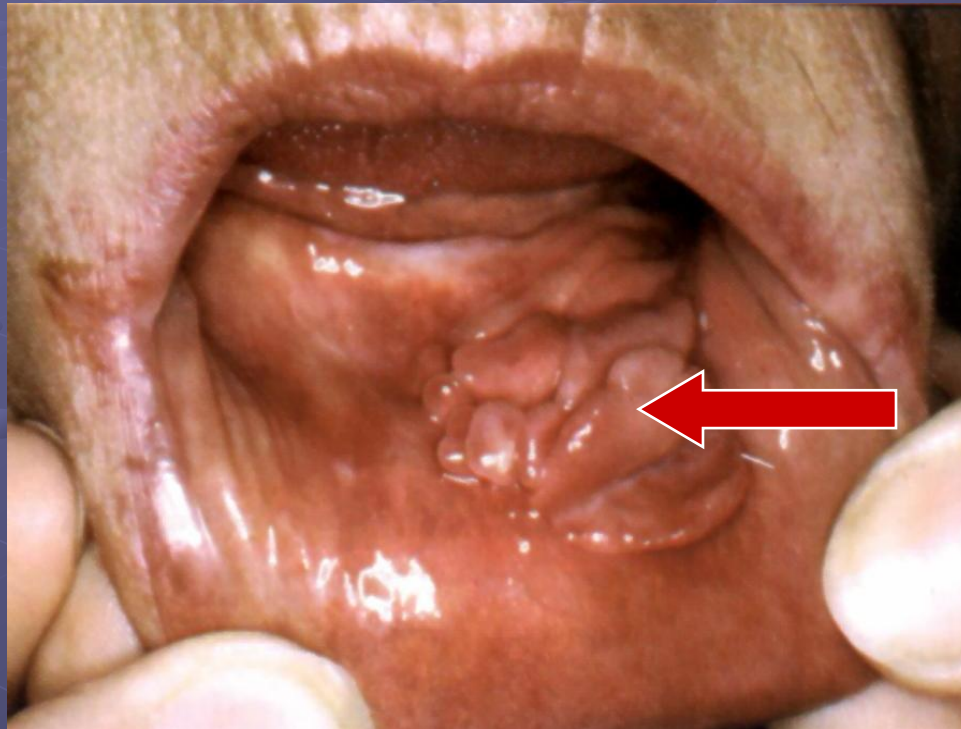
④ Maxilla → *Premaxillary area*

→ *Lateral to the tuberosities*

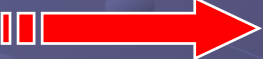
④ Mandible ↪ the only undercut that can cause a real problem is a prominent *sharp myelohyoid ridge*



# 10-Hyperplastic tissues (denture fissiratum)



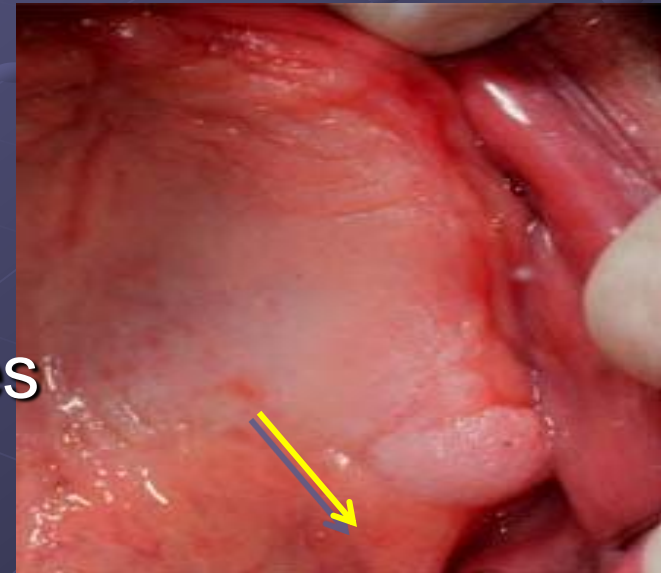
# 11-Floor of the mouth

- *Its important to determine the relation of the floor to the crest of the ridge*
- *If the floor of the mouth near the crest of the ridge at rest inspit of having well developed ridge* 

*poor retention and stability*

# Posterior border of denture:

- Pterygomandibular raphe
  - Behind hamular notches - significant when prominent
  - Have patient open wide as possible
  - Can displace denture – requires relief in extreme cases



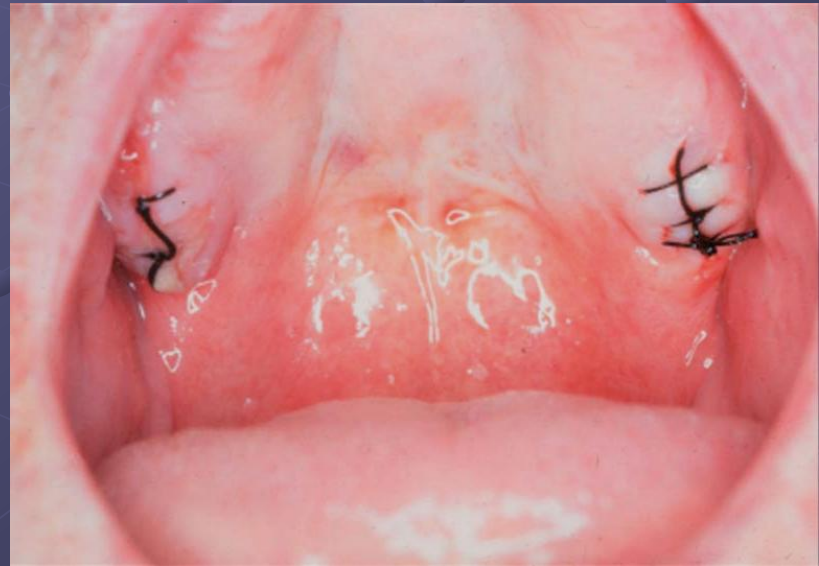


# Tuberosity

- Displaceability
- Palpate for undercuts - if extreme, denture might not seat



- If enlarged with fibrous tissue
- surgical reduction to make room for dentures



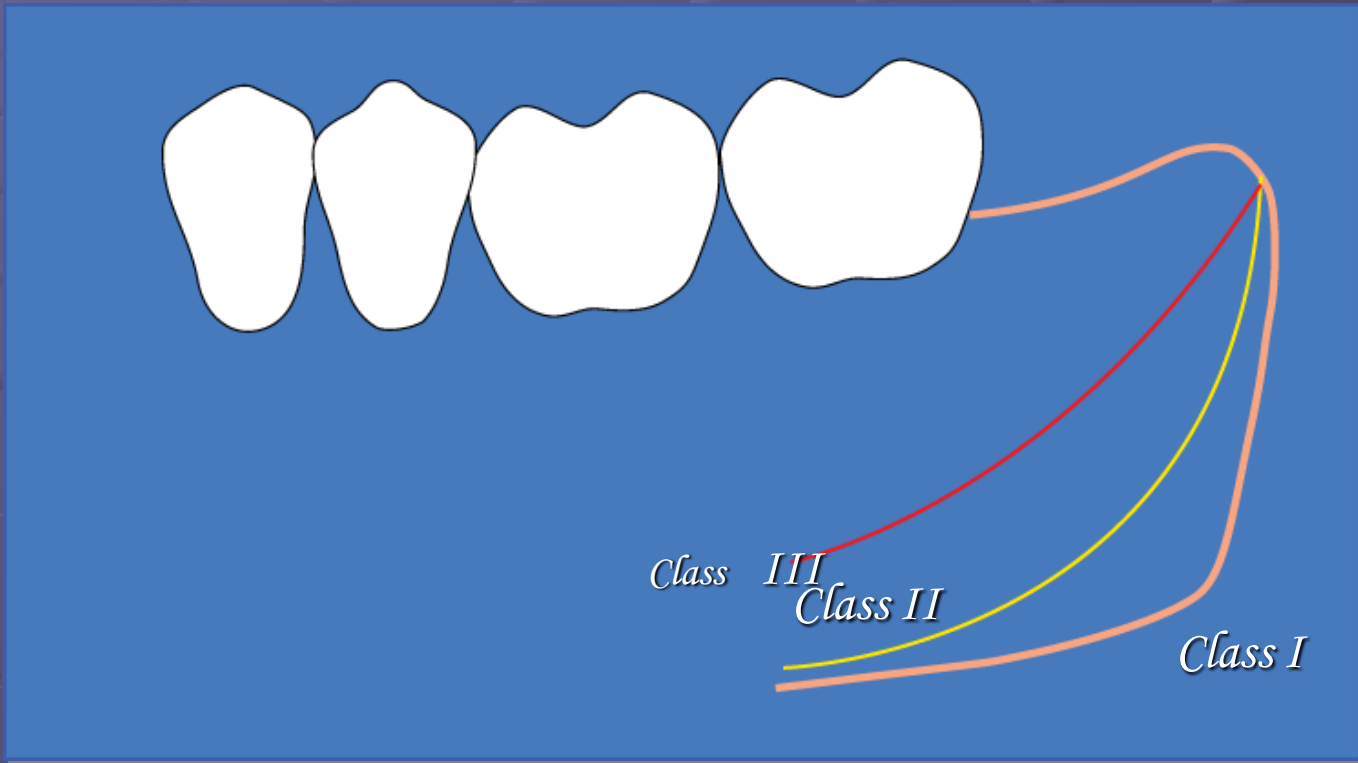
# Lingual Pouch

Neil's classifications of lingual pouch forms:

1. Class I
2. Class II
3. Class III



# Lingual Pouch





# *Radiographic Assessment.*

- *Periapical Radiographs.*
- *Panoramic Radiographs.*
- *CT Scans.*
- *3-D simulation.*

# *III-Radiographic Examination*

Root Fragments

Bone quality and  
quantity

Cysts

Bony specules

Remaining Natural  
Teeth

Irregular Ridge



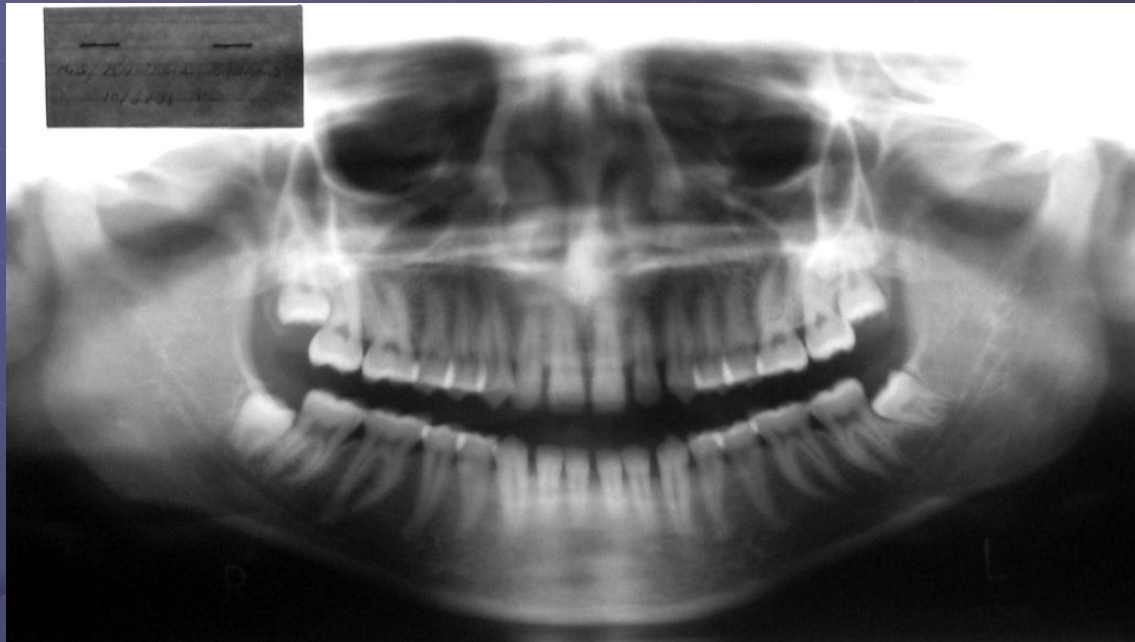
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# Radiographs

*Extra oral* ➤

- Panoramic



# Radiographs

*Extra oral* ➤

- Lateral Oblique



# Radiographs

*Extraoral* ➤

Postero-•  
anterior



# *Previous dental history (Old dentures)*

- *Esthetics.*
- *Masticatory performance.*
- *Comfort.*
- *Speech problems.*
- *VDO evaluated from profile view.*
- *Partial denture experience.*
- *Gagging reflex.*
- *Teeth in the present prosthesis.*



*Thank You*